

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035958

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 117

FILED OCT 14 1963

## 1. PLACE OF DEATH

a. COUNTY

IRON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN IRONTONLength of stay in lb  
10 DAYSc. FULL NAME OF (If not in hospital, give location)  
HOSPITAL OR INSTITUTION ST. MARYS HOSP.  
IRONTON, MO.Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY IRON

Inside Limits  
Yes ☐ No ☒c. CITY  
OR TOWN VULCAN, MOd. STREET  
ADDRESS NONEReside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

ALBERT

HENRY

RADFORD

4. DATE  
OF DEATHMonth  
OCT.Day  
4Year  
1963

## 5. SEX

MALE

6. COLOR OR RACE  
WHITE7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
JUNE 19079. AGE (last birthday)  
56IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)10b. KIND OF BUSINESS OR INDUSTRY  
TAXI OPERATOR11. BIRTHPLACE (City and state or country)  
BRUNOT, MO.12. CITIZEN OF WHAT COUNTRY  
U.S. OF AMERICA

## 13a. FATHER'S NAME

JOHN RADFORD

## 13b. MOTHER'S MAIDEN NAME

DORA ANGELINE LONDON

## 14. NAME OF HUSBAND OR WIFE

MARTHA E. RADFORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates)16. SOCIAL SECURITY NO.  
58417. INFORMANT  
MARTHA E. RADFORDAddress  
DES ARC, MO18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Nephritis

DUE TO (c)

INTERVAL BETWEEN  
ONSET AND DEATH

2 Days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from [Signature] and last saw him alive on [Signature] 4-63  
Death occurred at [Signature] on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL CREMATION,  
or other disposal (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

BURIAL

OCT. 6, 1963

MOUNTAIN VIEW

DES ARC

MO.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

NORMAN W. GISH MO.

10-9-63

Mrs. Aris Jones

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

OCT 1-5 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Piedmont Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.